



THSCA ID #: _____

- ☐ I CAN'T REMEMBER MY ID NUMBER
- ☐ I'VE NEVER BEEN A MEMBER BEFORE

DATE OF BIRTH: ____ / ____ / ____

GENDER: ☐ M ☐ F

FOR OFFICE USE ONLY:

CONTACT & SCHOOL INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

PREFERRED MAILING ADDRESS APARTMENT/UNIT #

CITY STATE ZIP MOBILE PHONE

☐ I agree to receive THSCA Email Updates & Reminders.

PREFERRED EMAIL ADDRESS PREVIOUS SCHOOL WHERE EMPLOYED (IF APPLICABLE)

CURRENT SCHOOL (WHERE EMPLOYED OR ATTENDING) SCHOOL CITY SCHOOL DISTRICT

SUPERVISOR'S NAME & TITLE (FOR EMPLOYMENT VERIFICATION) WORK PHONE

CHECK ALL THAT CURRENTLY APPLY:

SPORTS YOU ARE CURRENTLY COACHING:

- | | | | | | | |
|---|----|--------------------------------------|--------------------------------------|--|-------------------------------|--------------------------------|
| <input type="checkbox"/> ATHLETIC DIRECTOR | 1. | <input type="checkbox"/> HIGH SCHOOL | <input type="checkbox"/> JUNIOR HIGH | <input type="checkbox"/> HS HEAD COACH | <input type="checkbox"/> BOYS | <input type="checkbox"/> GIRLS |
| <input type="checkbox"/> ATHLETIC COORDINATOR | 2. | <input type="checkbox"/> HIGH SCHOOL | <input type="checkbox"/> JUNIOR HIGH | <input type="checkbox"/> HS HEAD COACH | <input type="checkbox"/> BOYS | <input type="checkbox"/> GIRLS |
| <input type="checkbox"/> ATHLETIC TRAINER | 3. | <input type="checkbox"/> HIGH SCHOOL | <input type="checkbox"/> JUNIOR HIGH | <input type="checkbox"/> HS HEAD COACH | <input type="checkbox"/> BOYS | <input type="checkbox"/> GIRLS |
| <input type="checkbox"/> RETIRED FROM EDUCATION | | | | | | |

The annual membership term runs from September 1st through August 31st of the following year, congruent with each school year. A portion of every membership fee goes to the THSCEF as an education fee.

SELECT MEMBERSHIP FEES:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | PROFESSIONAL MEMBERSHIP - \$70
<small>Shall include all coaches and athletic administrators employed at a school in Texas under the direction of the University Interscholastic League.</small> |
| <input type="checkbox"/> | RETIRED MEMBERSHIP - \$70
<small>Shall include all those members in good standing of the THSCA, who have completed their coaching career and are no longer employed by an educational institution of any kind.</small> |
| <input type="checkbox"/> | STUDENT MEMBERSHIP - \$30
<small>Shall include any individual actively pursuing their teaching certification & a career in coaching.</small> |
| <input type="checkbox"/> | AFFILIATE MEMBERSHIP - \$70
<small>Shall include all coaches and athletic administrators employed at a Private, Parochial, or out of state school, all College/University employees, and all those individuals wishing to support the efforts of the THSCA.</small> |

SELECT COACHING SCHOOL REGISTRATION:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | REGISTRATION - \$60 (In-Person + Virtual Access)
<small>THE DEADLINE TO PRE-REGISTER or to REQUEST A REFUND is 7/1/2020. Late registration will be open online only for \$75 from 7/2 to 7/10. The onsite tuition fee will be \$90.</small> |
| <input type="checkbox"/> | VIRTUAL ACCESS REGISTRATION - \$60
<small>Please only select this virtual registration fee if you are 100% sure you will not be able to attend in-person. This means we will not print any badge materials for you. If you are unsure, choose the regular registration fee so we can have a badge ready for you just in case. This virtual registration fee is non-transferable and non-refundable.</small> |
| <input type="checkbox"/> | STUDENT TUITION - \$25 |

SELECT OTHER FEES:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | POLITICAL ACTION COMMITTEE - \$5 (Increments)
<small>(THSCA MEMBER DONATION)</small> |
| <input type="checkbox"/> | PROFESSIONAL LIABILITY INSURANCE - \$54
<small>See Eligibility Requirements for THSCA Professional Liability Insurance Coverage to the right**</small> |

PAYMENT SUBMITTED BY:

☐ INDIVIDUAL OR ☐ SCHOOL (SCHOOL/ISD NAME: _____)

☐ CASH ☐ CHECK # _____

☐ ☐ ☐ ☐ (PLEASE MAKE CHECKS PAYABLE TO THSCA)

CREDIT CARD NUMBER

EXP DATE CVV-CODE (Last 3 Digits on the back) DATE

CARDHOLDER'S ADDRESS (IF DIFFERENT THAN ABOVE) STREET ADDRESS

CITY, STATE ZIP CODE

CARDHOLDER'S NAME (PRINT) CARDHOLDER'S SIGNATURE

**2020-2021 COACHES LIABILITY INSURANCE CRITERIA:

This policy will be in effect 9/1/2020 - 8/31/2021. Policies purchased after 9/1/2020 will commence coverage as of the payment received date. This insurance policy is not retroactive. Last day to enroll for 20-21 school year is 1/31/21.

You must be a coach, athletic trainer, or athletic director, including classroom duties, for an accredited secondary school, college, junior college or university within the state of Texas.

Your THSCA membership must be current for the 2020-21 school year to be eligible to purchase this policy. If you choose to purchase this insurance policy and do not meet the criteria for eligibility, this policy will not be valid.

Annual Premium \$48.00; State Taxes & Fees (5%) \$2.40; Association Administration Fee \$3.60.
(Total 2020-21 Renewal Premium: \$54.00)

TOTAL AMOUNT DUE